



# COMMONWEALTH OF MASSACHUSETTS

## TOWN OF ANDOVER

Building Division – Fire Department

### APPLICATION FOR CERTIFICATE OF INSPECTION

Date \_\_\_\_\_

In accordance with the provisions of the Massachusetts State Building Code, Section 106, I hereby apply for a Certificate of Inspection for the below-named premises located at the following address:

Street and Number \_\_\_\_\_

Name of Premises \_\_\_\_\_

Purpose for Which Premises is Used \_\_\_\_\_

Certificate to be Issued to \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

Owner of Record of Building \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON TO WHOM  
CERTIFICATE IS ISSUED OR HIS  
AUTHORIZED AGENT

\_\_\_\_\_  
TITLE  
\_\_\_\_\_  
TELEPHONE NUMBER

Return this application to: OFFICE OF THE INSPECTOR OF BUILDINGS,  
Andover Town Offices, 36 Bartlet Street, Andover, Massachusetts 01810

Please Note:

Application shall be submitted for each building or structure or part thereof to be certified.  
The building official and fire official shall be notified within ten (10) days of any changes in the above information

CERTIFICATE # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_